

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



January 2, 1986

ALL-COUNTY LETTER NO. 86-03

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY SOCIAL SERVICE FISCAL OFFICERS

SUBJECT: IN-HOME SUPPORTIVE SERVICES (IHSS) FISCAL YEAR
1985-1986 COUNTY PLAN MID-YEAR UPDATE

On July 25, 1985 via All-County Letter No. 85-51, each county was asked to submit a plan (Welfare and Institutions Code Section 12301) to the State Department of Social Services (SDSS) demonstrating how they will operate their IHSS Program within their allocation for the 1985-86 Fiscal Year. As part of the County Plan process, each county must now submit a Mid-Year Update to the original County Plan which includes the most recent data on each county's IHSS expenditures and updates predicted costs for the remainder of the fiscal year.

The Mid-Year Update format is attached and must be completed and submitted to SDSS no later than January 31, 1986. If your update is not received by the specified date, it may be necessary for SDSS staff to make an independent assessment of your county's IHSS Program's financial status. The assessment may result in an allocation adjustment to your current 1985-86 Fiscal Year Program allocation.

At the beginning of the Fiscal Year when the initial County Plan process was completed several counties identified deficits in their Program allocation and proposed "a-e" (now "1-5") reductions in accordance with W&IC 12301. All reduction plans received to date are disapproved. Although we are not requesting reduction plans at this time, such plans may be requested following SDSS analysis of the counties' Mid-Year Updates. Allocation adjustments will be made after SDSS staff have completed their analysis of each county's Mid-Year Update.

In All-County Letter No. 85-51 the Gatekeeper Project was mentioned and thirteen counties were identified to participate in this project. There are currently fifteen counties involved in this project and they are: Alameda; Contra Costa; Del Norte; Humboldt; Imperial; Marin; Monterey; Napa; San Benito; San Diego; San Francisco; San Mateo; Santa Clara; Santa Cruz; and Solano. Gatekeeper funds will be allocated to only these counties which have deficits. This allocation will also take place after the completion of the Mid-Year Update analysis.

Please address the completed Mid-Year Updates to:

State Department of Social Services
Adult Services Bureau
744 P Street, M.S. 9-536
Sacramento, CA 95814

If your county needs assistance in the completion of this Update, please contact your Adult Services Bureau Analyst (see attached list).



LOREN D. SUTER
Deputy Director
Adult and Family Services

Attachments

cc: CWDA

COUNTIES	Lois Bain 324-8779	Karen Duminy 323-3326	Marle Harder 324-8771	Ferry Jordan 322-8097	Jennifer Petty 324-8773
ALAMEDA		X			
ALPINE		X			
AMADOR					X
BUTTE				X	
CALAVERAS			X		
COLUSA					X
CONTRA COSTA			X		
DEL NORTE					X
EL DORADO					X
FRESNO				X	
GLENN					X
HUMBOLDT	X				
IMPERIAL			X		
INYO		X			
KERN				X	
KINGS					X
LAKE			X		
LASSEN					X
LOS ANGELES				X	
MADERA				X	
MARIN		X			
MARIPOSA					X
MENDOCINO	X				
MERCED					X
MODOC			X		
MONO		X			
MONTEREY					X
NAPA				X	
NEVADA	X				
ORANGE			X		
PLACER					X
PLUMAS		X			
RIVERSIDE	X				
SACRAMENTO			X		
SAN BENITO		X			
SAN BERNARDINO				X	
SAN DIEGO	X				
SAN FRANCISCO	X				
SAN JOAQUIN	X				
SAN LUIS OBISPO				X	
SAN MATEO	X				
SANTA BARBARA	X				
SANTA CLARA	X				
SANTA CRUZ					X
SHASTA				X	
SIERRA			X		
SISKIYOU		X			
SOLANO				X	
SONOMA				X	
STANISLAUS	X				
SUTTER					X
TEHAMA	X				
TRINITY		X			
TULARE	X				
TUOLUMNE			X		
VENTURA	X				
YOLO					X
YUBA				X	
GRAND TOTAL					

SECTION A — FY 1985/86 IHSJ PROGRAM MIDYEAR UPDATE

TY

PART I.

	(1) FY 1984/85	(2) FY 1985/86	(3) PERCENT CHANGE
ALLOCATIONS:			
1. 100% State and Federal Funds	\$ _____	\$ _____	_____
2. 90% State Matching Funds	_____	_____	_____
3. 10% County Matching Funds	_____	_____	_____
4. TOTAL ALLOCATION (Lines 1 + 2 + 3)	\$ _____	\$ _____	_____
5. Provider Wage and Benefit Allocation	\$ _____	\$ _____	_____
6. Base Allocation (Subtract Line 5 from Line 4)	\$ _____	\$ _____	_____
EXPENDITURES:			
7. TOTAL EXPENDITURES	\$ _____	\$ _____	_____
8. Provider Wage and Benefit Expenditures	\$ _____	\$ _____	_____
9. Refugee Expenditures	\$ _____	\$ _____	_____
10. Base Expenditures (Subtract Lines 8 and 9 from Line 7)	\$ _____	\$ _____	_____
11. Projected Surplus or Deficit (Subtract Line 7 from Line 4)	_____	\$ _____	_____

PART II.	FY 1985/86 (ACTUAL)			FY 1985/86 (PROJECTED)		
	FIRST QUARTER (1)	SECOND QUARTER (2)	SECOND QUARTER RATIO TO ALL MODES (3)	THIRD QUARTER (4)	FOURTH QUARTER (5)	TOTAL (6)
A. INDIVIDUAL PROVIDER						
1. Case Months						
2. Hours						
3. Expenditures (Base)						
4. Average Hours/Case						
5. Average Cost/Hour						
B. CONTRACT						
1. Case Months						
2. Hours						
3. Expenditures (Base)						
4. Average Hours/Case						
5. Average Cost/Hour						
C. WELFARE STAFF						
1. Case Months						
2. Hours						
3. Expenditures (Base)						
4. Average Hours/Case						
5. Average Cost/Hour						
D. ALL MODES						
1. Case Months						
2. Hours			100%			
3. Expenditures (Base)			100%			
4. Average Hours/Case				100%		
5. Average Cost/Hour			100%			
6. Other Costs						
7. Total Cost						

Section A - FY 1984/85 IHSS PROGRAM COUNTY PLAN MID-YEAR UPDATE FACT SHEET

Upper Right Corner:

* Place name of county for which this report is prepared.

Instructions:

PART I

- Column (1) For Column 1, identify your county's final allocation and expenditure data for FY 1984/85.
- Column (2) For Column 2, identify your county's allocation and expenditure data which has been provided in your most recent allocation letter and projections which are calculated in Section D of this plan.
- Column (3) For Column 3, identify the differences between FY 1984/85 and FY 1985/86.
- Column (11) Enter difference between Lines 7 and 4.

Instructions:

PART II

- (1) Identify **actual** fiscal year 1985/86 first and second quarter data and **projected** FY 1985/86 third and fourth quarter data as required. To calculate the second quarter ratio to all modes (Column 3), divide the second quarter data separately identified in Column 2A (Individual Provider), Column 2B (Contract) and Column 2C (Welfare Staff) by the respective data identified in Column 2D (All Modes). Record this figure to five decimal places. For Lines 3, Expenditures, include "Base Expenditures" for 1985-86.
- (2) To compute Individual Provider average hours/case, divide Column 1, Line 2, by Column 1, Line 1. Do the same for Column 2. This process must also be applied for Contract and Welfare Staff and All Modes. Apply the same principle for Average Cost/Hour by dividing Line 3, Expenditures by Line 2, Hours.
- (3) Data recorded on Part II, Column 4, 5, and 6 must be forwarded from Section D. The average hours/case and cost/hour for FY 1985/86 must equal the same averages as the second quarter, FY 1985/86 unless the county has fully justified, as an attachment, differing amounts.
- (4) Column 6 equals the totals or averages of the totals for each line item, Columns 1, 2, 4 and 5.

SECTION B — PROGRAM SUMMARY OF ALL MODES (Actual)

MONTH	(1) NUMBER OF OPEN CASES	(2) NUMBER OF PAID CASES	(3) NUMBER OF PAID HOURS	(4) BASE EXPENDITURES	(5) WAGE AND BENEFIT INCREASES	(6) OTHER COSTS	(7) TOTAL EXPENDITURES
JANUARY 1985							
FEBRUARY							
MARCH							
3rd QUARTER							
APRIL							
MAY							
JUNE							
4th QUARTER							
JULY 1985							
AUGUST							
SEPTEMBER							
1st QUARTER							
OCTOBER							
NOVEMBER							
DECEMBER							
2nd QUARTER							
CALENDAR YEAR TOTAL							

(See Reverse for Instructions)

Section B. FY 1984/85 IHSS PROGRAM SUMMARY OF ALL MODES (Actual)

Instructions:

- Column (1) This column represents the total number of cases authorized to receive services from all modes Sections B(IP), B(C), B(WS). (Source SOC 296)
- Column (2) This column represents the total number of paid cases from all modes, Sections B(IP), B(C) B(WS).
- Column (3) This column represents the total number of paid hours from all modes, Sections B(IP), B(C) B(WS).
- Column (4) This column represents the total amount of basic expenditures from all modes. Sections B(IP), B(C), B(WS). This column must **exclude** provider wage and benefit increase expenditures.
- Column (5) This column represents the total wage and benefit increases for all modes Sections B(IP), B(C), B(WS).
- Column (6) This column represents any other cost charged to the IHSS Program, i.e., EDP and Staff Development. Specify the types of costs below.
- Column (7) This column represents the total cost of IHSS services for all modes, Sections B(IP), B(C), B(WS), plus other costs (Column 6).

IHSS PROGRAM EXPENDITURES — INDIVIDUAL PROVIDER MODE**SECTION B (IP)**

MONTH	INDIVIDUAL PROVIDERS (Actual)					
	(1) OPEN CASES	(2) PAID CASES	(3) HOURS PAID	(4) BASIC EXPENDITURES	(5) WAGE AND BENEFIT INCREASES (COLA)	(6) TOTAL EXPENDITURES
JANUARY 1985						
FEBRUARY						
MARCH						
3rd QUARTER						
APRIL						
MAY						
JUNE						
4th QUARTER						
JULY						
AUGUST						
SEPTEMBER						
1st QUARTER						
OCTOBER						
NOVEMBER						
DECEMBER						
2nd QUARTER						
CALENDAR YEAR TOTAL						

(See Reverse for Instructions)

Section B (IP) IHSS PROGRAM SUMMARY OF THE INDIVIDUAL PROVIDER (Actual)

Instructions:

- Column (1) This column represents the total number of cases authorized to receive IP services during the month. Entries must reconcile with Payrolling Management Statistical Summary - "Total cases" (Authorized Caseload Movement).
- Column (2) This column represents the count of paid cases. Entries must reconcile with Payrolling Management Statistical Summary - "Total Recipients".
- Column (3) This column represents the number of paid service hours during the month. Entries must reconcile with Payrolling Management Statistical Summary - "Total Hours".
- Column (4) This column represents the amount of basic expenditures. This column must **exclude** provider wage and benefit increases.
- Column (5) This column represents the total wage and benefit increases for FY 1985/86.
- Column (6) This column represents the sum of "Total Wages, Restaurant Meal Allowance, and Total Social Security and Unemployment" found on the Payrolling Management Statistical summary.

IHSS PROGRAM EXPENDITURES — CONTRACT MODE

SECTION B (C)

MONTH	CONTRACT (Actual)					
	(1) CASES AUTHORIZED	(2) PAID CASES	(3) HOURS PAID	(4) BASIC EXPENDITURES	(5) WAGE AND BENEFIT INCREASES (COLA)	(6) TOTAL EXPENDITURES
JANUARY 1985						
FEBRUARY						
MARCH						
3rd QUARTER						
APRIL						
MAY						
JUNE						
4th QUARTER						
JULY						
AUGUST						
SEPTEMBER						
1st QUARTER						
OCTOBER						
NOVEMBER						
DECEMBER						
2nd QUARTER						
CALENDAR YEAR TOTAL						

(See Reverse for Instructions)

Section B (C) IHSS PROGRAM SUMMARY OF THE CONTRACT PROVIDER MODE (Actual)

Instructions:

- Column (1) This column represents the total number of cases authorized to receive contract services during the month regardless of whether a payment was made or services delivered.
- Column (2) This column represents the total number of cases for which services were paid during the month. (Source, SOC 296)
- Column (3) This column represents the actual number of services hours paid for in the month regardless of when served (Source, SOC 296).
- Column (4) This column represents the amount of basic expenditures. This column must **exclude** provider wage and benefit increases.
- Column (5) This column represents the total wage and benefit increases for FY 1985/86.
- Column (6) This column represents the total IHSS contract cost **paid** during the month. This figure must reconcile to quarterly administrative claim (Form DFA 325.3).

SECTION B (WS) — IHSS PROGRAM WELFARE STAFF EXPENDITURES (Actual)

MONTH	WELFARE STAFF						
	(1) CASES AUTHORIZED	(2) CASES SERVED	(3) RECIPIENT HOURS PAID	(4) TIMES STUDY HOURS BY QUARTER	(5) CASE WORK COST BY QUARTER	(6) ALLOCABLE COST OVERHEAD BY QUARTER	(7) TOTAL EXPENDITURES INCLUDES COLA
JANUARY 1985							
FEBRUARY							
MARCH							
3rd QUARTER							
APRIL							
MAY							
JUNE							
4th QUARTER							
JULY 1985							
AUGUST							
SEPTEMBER							
1st QUARTER							
OCTOBER							
NOVEMBER							
DECEMBER							
2nd QUARTER							
CALENDAR YEAR TOTAL							

(See Reverse for Instructions)

Section B (WS) IHSS PROGRAM WELFARE STAFF EXPENDITURES (Actuals)

Instructions:

- Column (1) This column represents the total number of welfare staff (WS) cases authorized to receive services during the month.
- Column (2) This column represents the number of WS cases paid during the month (Source, SOC 296).
- Column (3) This column represents the actual number of WS recipient hours paid during the month (Source, SOC 296).
- Column (4) This column represents the total number of WS hours time studied, by quarter, for county staff (DFA 47, Line A). Explain difference between Column 3 and Column 4 below.
- Column (5) This column represents the total cost of WS case work costs charged to the IHSS Program by quarter. This column must reconcile to quarterly administrative claim amount (Form DFA 327.1, Line A, Column 3).
- Column (6) This column represents the total cost of allocable overhead charged to the IHSS Program by quarter. The allocable overhead must reconcile to quarterly administrative claims amount (Form DFA 327.1, Line A, Column 4).
- Column (7) The column represents the totals of Columns (5) and (6) by quarter.

SECTION C FY 1985/86 IHSS PROGRAM CASELOAD PROJECTION — ALL MODESa/ = actual
p/ = projected

MONTHS	(1) OPEN CASES	(2) 3-MONTH MOVING AVERAGE	(3) CHANGE IN MOVING AVERAGE	(4) PROJECTED NUMBER OF OPEN CASES FY 1985/1986	(5) PAID CASES	(6) RATIO OF PAID TO OPEN CASES
DECEMBER 1984						
JANUARY 1985					a/	
FEBRUARY					a/	
MARCH					a/	
APRIL					a/	
MAY					a/	
JUNE					a/	
JULY 1985					a/	
AUGUST					a/	
SEPTEMBER					a/	
OCTOBER					a/	
NOVEMBER					a/	
DECEMBER					a/	
TOTAL Oct. - Nov. - Dec.					a/	
JANUARY 1985					p/	
FEBRUARY					p/	
MARCH					p/	
APRIL					p/	
MAY					p/	
JUNE					p/	
TOTAL					p/	

(See Reverse for Instructions)

Section C. FY 1984/85 IHSS PROGRAM CASELOAD PROJECTION - ALL MODES

Instructions:

- Column (1) This column represents the total number of open cases taken from Section B (All Modes).
- Column (2) This column represents the moving average of three continuous months. To calculate the three-month moving average figure for any particular month, add the data from the prior month and the subsequent month to the month being calculated, and divide by three. Example: add December 1984 and January and February 1985 open case amounts (Column 1) and divide by three, enter the average in January (Column 2). Continue this process through December 1985.
- Column (3) This column represents the monthly percent change of the moving average. To compute the percent change for each month, take the three-month moving average for the month being calculated and subtract the three-month moving average of the prior month, then divide this difference, plus or minus, by the three-month moving average from the prior month and record the answer, plus or minus, to five decimal places.
- Column (4) To project the number of open cases during FY 1985/86, Column 4, use the change in moving average identified in Column 3 above.
- a.) If the change in moving average is **positive, add 1 (one) to the value and multiply.** For example, if the change is .01887, add 1 (one) to the value and multiply the January 1986 open case figure recorded in Column 4, by 1.01887. Enter this number as the projected open caseload for February 1986. or,
 - b.) If the change in moving average is **negative, add 1 (one) to the value and divide.** For example, if the change is — .01887, add 1 (one) to the value and divide the January 1986 open case figure recorded in Column 4 by 1.01887. (This has the same net effect as multiplying by .98113). Enter this number as the projected open caseload for February 1986. If the January-June 1985 change does not reflect a reliable trend then a more recent six-month period may be used (e.g., July-December 1985).
- Column (5) To complete this column for January 1985 through December 1985 (Actual), enter the number of paid cases for the particular month which are identified in Section B (All Modes).
- Before the column for January 1986 through June 1986 (projected) can be completed, Column 6 must be calculated and the FY 1985/86 second quarter total identified. (See column 6 instructions below). This ratio will be used to calculate the number of projected paid cases. Projected paid cases can now be obtained by multiplying the average second quarter ratio to each of the monthly projected open cases identified in Column 4. Record the number of projected paid cases in Column 5.
- If the second quarter FY 1985/86 ratio of paid to open cases does not accurately reflect county trend, counties may use different ratios which are substantiated by actual data. For example, if the ratio of paid to open cases was increasing or decreasing throughout the prior period, the ratio could be trended to reflect this occurrence. Also, if changes have occurred during the prior year which are not accurately reflected by using the average ratio, counties may use a ratio which more accurately reflects county experiences. If any alternate approach is used, the county, at a minimum, should identify why the changes in open to paid cases are occurring and determine whether these changes will further affect future trends.
- Column (6) To complete this column, divide Column 5 (Paid Cases) by Column 1 (Open Cases). Record the answer to five decimal places.

To obtain the second quarter ratio, sum paid cases for October, November and December 1985, and divide this total by the sum of open cases for the same period.

SECTION D(IP) — FY 1985/86 IHSS PROGRAM PROJECTED CASES, HOURS AND COSTS - INDIVIDUAL PROVIDER

MONTHS	(1) PAID CASES	x	(2) PAID HOURS/CASE	x	(3) PAID COST/HOUR	=	(4) BASE EXPENDITURES	+	(5) FY 1985/86 PROVIDER WAGE AND BENEFITS INCREASES	=	(6) TOTAL FORECASTED EXPENDITURES
JULY a/											
AUGUST a/											
SEPTEMBER a/											
1st QUARTER a/											
OCTOBER a/											
NOVEMBER a/											
DECEMBER a/											
2nd QUARTER a/											
JANUARY p/											
FEBRUARY p/											
MARCH p/											
3rd QUARTER p/											
APRIL p/											
MAY p/											
JUNE p/											
4th QUARTER p/											
TOTAL											

a/ = Actual
p/ = Projected

(See Reverse for Instructions)

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**Section D(IP) FY 1984/85 IHSS PROJECTED CASES, HOURS, AND COST —
INDIVIDUAL PROVIDER**

Instructions:

- Column (1) This column represents projected number of paid individual provider (IP) cases. Multiply the number of projected paid cases in Section C, Column 5 (Projected) by the corresponding ratio of annual to all modes (Section A, Part II, Column 3, Line A(1)).
- Column (2) This column represents the projected monthly average hours/case. Counties should use the average hours/case figure recorded on Section A, Part II, Column 2, Line A(4) unless actual trends support increases or decreases. Any deviation from this average must be fully justified in writing as an attachment.
- Column (3) This column represents the projected monthly average cost/hour (excluding the 1985-86 wage and benefit increase). Counties must use the cost/hour figure taken from Section A, Part II, Column 2, Line A(5). This cost excludes provider wage and benefits increases. Any deviation from this average must be fully justified in writing as an attachment.
- Column (4) This column represents projected monthly cost of service. To complete this column, multiply Column 1 x Column 2 x Column 3.
- Column (5) This column represents the projected monthly wage and benefit increases which are separately calculated by your county for each specified month.
- Column (6) This column represents total projected expenditures from Columns (4), (5), and (6).

SECTION D (C) — FY 1985/86 IHSS PROGRAM PROJECTED CASES, HOURS AND COSTS -CONTRACT

FY 1985/86 MONTHS	(1) PAID CASES x	(2) PAID HOURS/CASE x	(3) PAID COST/HOUR =	(4) BASE EXPENDITURES +	(5) FY 1985/86 PROVIDER WAGE AND BENEFITS INCREASES =	(7) TOTAL FORECASTED EXPENDITURES
a/ JULY						
a/ AUGUST						
a/ SEPTEMBER						
a/ 1st QUARTER						
a/ OCTOBER						
a/ NOVEMBER						
a/ DECEMBER						
a/ 2nd QUARTER						
p/ JANUARY						
p/ FEBRUARY						
p/ MARCH						
p/ 3rd QUARTER						
p/ APRIL						
p/ MAY						
p/ JUNE						
p/ 4th QUARTER						
TOTAL						

(See Reverse for Instructions)

Section D(C) FY 1985/86 IHSS PROGRAM PROJECTED CASES, HOURS AND COSTS — CONTRACT

Instructions:

- Column (1) This column represents projected number of contract paid cases. Multiply the number of of projected paid cases in Section C, Column 5 (Projected) by the corresponding ratio of annual to all modes, Section A, Part II, Column 3, Line B(1).
- Column (2) This column represents the projected monthly average hours/case. Counties should use the average hours/case figure recorded on Section A, Part II, Column 2, Line B(4) unless actual trends support increases or decreases. Any deviation from this average must be justified in writing as an attachment.
- Column (3) This column represents the projected monthly average cost/hour (excluding the 1985-86 wage and benefit increase). Counties should use cost/hours figure taken from Section A, Part II, Column 2, Line B(5) unless the contract rate has changed. This cost excludes provider wage and benefit increases. Any deviation from this average, such as using the contracted hourly rate, must be fully justified in writing as an attachment.
- Column (4) This column represents projected monthly cost of service. To complete this column, multiply Column 1 x Column 2 x Column 3.
- Column (5) This column represents the projected monthly wage and benefit increases which are separately calculated by your county for each month.
- Column (6) This column represents total projected expenditures from Columns (4), (5), and (6).

SECTION D (WS) — FY 1985/86 IHSS PROGRAM PROJECTED CASES, HOURS AND COSTS -WELFARE STAFF

FY 1985/86 MONTHS	(1) PAID CASES x	(2) PAID HOURS / CASE x	(3) PAID COST / HOUR =	(4) BASE EXPENDITURES +	(5) FY 1985/86 PROVIDER WAGE = AND BENEFITS INCREASES	(6) TOTAL FORECASTED EXPENDITURES
a/ JULY						
a/ AUGUST						
a/ SEPTEMBER						
a/ 1st QUARTER						
a/ OCTOBER						
a/ NOVEMBER						
a/ DECEMBER						
a/ 2nd QUARTER						
p/ JANUARY						
p/ FEBRUARY						
p/ MARCH						
p/ 3rd QUARTER						
p/ APRIL						
p/ MAY						
p/ JUNE						
p/ 4th QUARTER						
TOTAL						

a/ = Actual
p/ = Projected

(See Reverse for Instructions)

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Section D(WS) FY 1985/86 IHSS PROJECTED CASES, HOURS, AND COST — WELFARE STAFF

Instructions:

- Column (1) This column represents projected number of paid welfare staff (WS) cases. Multiply the number the number of projected paid cases in Section C, Column 5 (Projected) by the corresponding ratio of annual to all modes (Section A, Part II, Column 3, Line C(1)).
- Column (2) This column represents the projected monthly average hours/case. Counties should use the average hours/case figure recorded on Section A, Part II, Column 2, Line C(4) unless actual trends support increases or decreases. Any deviation from this average must be fully justified in writing as an attachment.
- Column (3) This column represents and projected monthly average cost/hour. Counties must use the cost/hour figure taken from Section A, Part II, Column 2, Line C(5). This cost excludes provider wage and benefit increases. Any deviation from this average must be fully justified in writing as an attachment.
- Column (4) This column represents the projected monthly wage and benefit expenditures which are separately $\text{Column 1} \times \text{Column 2} \times \text{Column 3}$.
- Column (5) This column represents the projected monthly wage and benefit expenditures which are separately calculated by your county for each month specified.
- Column (6) This column represents total projected expenditures from Columns (4), (5), and (6).

SECTION D — FY 1985/86 IHSS PROGRAM PROJECTED CASES, HOURS AND COSTS -ALL MODES

FY 1985/86 MONTHS	(1) PAID CASES ^x	(2) PAID HOURS /CASE ^x	(3) PAID COST/HOUR ⁼	(4) BASE EXPENDITURES ⁺	(5) FY 1985/86 PROVIDER WAGE AND BENEFITS INCREASES	(6) OTHER COSTS ⁺	(7) TOTAL FORECASTED EXPENDITURES ⁼
a/ JULY							
a/ AUGUST							
a/ SEPTEMBER							
a/ 1st QUARTER							
a/ OCTOBER							
a/ NOVEMBER							
a/ DECEMBER							
a/ 2nd QUARTER							
a/ JANUARY							
p/ FEBRUARY							
p/ MARCH							
p/ 3rd QUARTER							
p/ APRIL							
p/ MAY							
p/ JUNE							
p/ 4th QUARTER							
TOTAL							

a/ = Actual
p/ = Projected

(See Reverse for Instructions)

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Section D. FY 1984/85 IHSS PROJECTED CASES, HOURS, AND COST — ALL MODES

Instructions:

- Column (1) This column represents projected number of paid cases taken from Section C, Column 5 (Paid Cases).
- Column (2) This column represents the actual monthly average hours/cases for all modes. Counties should use average hours/case figure taken from Section A, Part II, Column 2, Line D(5). Any deviation from this average must be fully justified in writing as an attachment.
- Column (3) This column represents the actual monthly average cost/hour for all modes. Counties should use cost/hour figure taken from Section A, Part II, Column 2, Line D(6). This cost excludes provider wage and benefit increases. Any deviation from this average must be fully justified in writing as an attachment.
- Column (4) This column represents the projected monthly cost of service. To complete this column, multiply Column 1, x Column 2 x Column 3.
- Column (5) This column represents the total projected monthly wage and benefit increases identified in Column 5, D(IP), D(C), and D(WS).
- Column (6) This column represents the total of any other projected costs which will be charged to the IHSS Program such as EDP and Staff Development. Specify the types of these costs below.
- Column (7) This column represents the total projected expenditures from Columns (4), (5), and (6).

SECTION H — COUNTY CONTACT LIST - ADULT SERVICES

COUNTY

ADDRESS

UPDATE PREPARED BY

CONTACTS

TITLE	NAME	TELEPHONE NUMBER
DIRECTOR		
ASSISTANT AGENCY DIRECTOR		
ADULT SERVICES DIVISION SUPERVISOR		
ADULT PROGRAM SPECIALIST		
IHSS AND APS SECTION SUPERVISOR		
FISCAL SECTION SUPERVISOR		
CONTRACTS SECTION SUPERVISOR		
PAYROLL SECTION SUPERVISOR		
PROGRAM ANALYST		

OTHER CONTACTS:

COUNTY WELFARE DIRECTOR SIGNATURE